	Person Filing:						
	Idress:						
	none:						
	las Number:						
	r Number (if applicable): epresenting						
	Attorney for Petitioner OR Respondent						
	SUPERIOR COURT OF A	DIZONA I		COLINTY			
	SUPERIOR COURT OF AI	RIZUNA	IN WARICOPA	COUNTY			
(2) <u></u>	Name of Petitioner (in original case),	Case	Number: (3)				
		CHIL	TION TO MODIF				
(2 <u>)</u>	Name of Respondent, (in original case)	"SIMI	PLIFIED PROCESS"				
	Name of Respondent, (in original case)						
	MPORTANT NOTICE TO PARTY NOT F Your support order may be modified (changed) if			CATION (CHANGE).			
l,	(Person Requesting Change)	, ask	this court to modify	(change) the Arizona child			
	(Person Requesting Change) support order in this case entered on (5) /		by (6)	,			
	(c)	,	Judge or (Commissioner			
1.	, ,						
	make payments of (8) \$ per	,	payable on the	day(s) of the month			
2.	Attached is a Parent's Worksheet for child suppo	ort. According	g to the worksheet ca	Iculations (item 35), the child			
	support amount should be (9) \$	support amount should be (9) \$ per month.					
3.	The following calculations show that the requested	d change vari	es from the current or	dered child support by 15% or			
	more. (10) (a)divided by (b)		= (c)	%			
	a = the difference between the a b = the amount currently ordered c = the percentage change	amount currei d; and,	ntly ordered and the	amount requested;			
4.	Is the Department of Economic Security (DES) pr parties? (11) Yes No Unknow		support enforcement	services to at least one of the			
	(If YES, see page 2 of "Procedures" document	in instruction	packet regarding no	tice to DES.)			
5.	Other court-ordered payments included in the cu Spousal Maintenance/Support (12)	urrent Order o					
	Payments on Arrears:						
	Child Support	\$	per				
	Spousal Maintenance/Support	\$	per				
	Other	\$	per				
			-				

FOR CLERK'S USE ONLY

RELIEF	REQUESTED: (WHAT I WANT THI	S COURT TO DO.)					
A.	I request that child support be ordered in the amount of (13) \$ per month and that requested in the Parent's Worksheet be ordered.						
B.	If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.						
OATH C	R AFFIRMATION						
14) The contents of this document are true and correct to the best of my knowledge and belief.							
Signature	Э	Date					
Sworn to	or affirmed before me this date:						
My Comi	mission expires	Notary Public or Deputy C	<u> </u>				

Case No.

NOTICE TO PARTIES

If you do **not** agree with the modification/change in child support, you have twenty (20) days to ask for a hearing. If service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award. If an error is noted, the amount awarded may be different from the amount requested, but the modification will not be greater than the amount requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court may set the matter for hearing. If either party requests a hearing within the time allowed, the court will set a hearing. No order will be modified without a hearing if a hearing is requested. If you wish to request a hearing, you may obtain the following forms from the Office of the Clerk of Superior Court or the Self-Service Center for a charge or download them for free from the internet at:

http://www.superiorcourt.maricopa.gov/ssc/forms/fc_drmss3.asp

- Request for Hearing
- Parent's Worksheet for Child Support